



Rep. William Davis

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LRB099 00335 RPS 33313 a

1 AMENDMENT TO HOUSE BILL 302

2 AMENDMENT NO. _____. Amend House Bill 302 by replacing
3 everything after the enacting clause with the following:

4 "Section 5. The Hospital Report Card Act is amended by
5 changing Section 25 as follows:

6 (210 ILCS 86/25)

7 Sec. 25. Hospital reports.

8 (a) Individual hospitals shall prepare a quarterly report
9 including all of the following:

10 (1) Nursing hours per patient day, average daily
11 census, and average daily hours worked for each clinical
12 service area.

13 (2) Infection-related measures for the facility for
14 the specific clinical procedures and devices determined by
15 the Department by rule under 2 or more of the following
16 categories:

1 (A) Surgical procedure outcome measures.

2 (B) Surgical procedure infection control process
3 measures.

4 (C) Outcome or process measures related to
5 ventilator-associated pneumonia.

6 (D) Central vascular catheter-related bloodstream
7 infection rates in designated critical care units.

8 (3) Information required under paragraph (4) of
9 Section 2310-312 of the Department of Public Health Powers
10 and Duties Law of the Civil Administrative Code of
11 Illinois.

12 (4) Additional infection measures mandated by the
13 Centers for Medicare and Medicaid Services that are
14 reported by hospitals to the Centers for Disease Control
15 and Prevention's National Healthcare Safety Network
16 surveillance system, or its successor, and deemed relevant
17 to patient safety by the Department.

18 The infection-related measures developed by the Department
19 shall be based upon measures and methods developed by the
20 Centers for Disease Control and Prevention, the Centers for
21 Medicare and Medicaid Services, the Agency for Healthcare
22 Research and Quality, the Joint Commission on Accreditation of
23 Healthcare Organizations, or the National Quality Forum. The
24 Department may align the infection-related measures with the
25 measures and methods developed by the Centers for Disease
26 Control and Prevention, the Centers for Medicare and Medicaid

1 Services, the Agency for Healthcare Research and Quality, the
2 Joint Commission on Accreditation of Healthcare Organizations,
3 and the National Quality Forum by adding reporting measures
4 based on national health care strategies and measures deemed
5 scientifically reliable and valid for public reporting. The
6 Department shall receive approval from the State Board of
7 Health to retire measures deemed no longer scientifically valid
8 or valuable for informing quality improvement or infection
9 prevention efforts. The Department shall notify the Chairs and
10 Minority Spokespersons of the House Human Services Committee
11 and the Senate Public Health Committee of its intent to have
12 the State Board of Health take action to retire measures no
13 later than 7 business days before the meeting of the State
14 Board of Health.

15 The Department shall include interpretive guidelines for
16 infection-related indicators and, when available, shall
17 include relevant benchmark information published by national
18 organizations.

19 (b) Individual hospitals shall prepare annual reports
20 including vacancy and turnover rates for licensed nurses per
21 clinical service area.

22 (c) None of the information the Department discloses to the
23 public may be made available in any form or fashion unless the
24 information has been reviewed, adjusted, and validated
25 according to the following process:

26 (1) The Department shall organize an advisory

1 committee, including representatives from the Department,
2 public and private hospitals, direct care nursing staff,
3 physicians, academic researchers, consumers, health
4 insurance companies, organized labor, and organizations
5 representing hospitals and physicians. The advisory
6 committee must be meaningfully involved in the development
7 of all aspects of the Department's methodology for
8 collecting, analyzing, and disclosing the information
9 collected under this Act, including collection methods,
10 formatting, and methods and means for release and
11 dissemination.

12 (2) The entire methodology for collecting and
13 analyzing the data shall be disclosed to all relevant
14 organizations and to all hospitals that are the subject of
15 any information to be made available to the public before
16 any public disclosure of such information.

17 (3) Data collection and analytical methodologies shall
18 be used that meet accepted standards of validity and
19 reliability before any information is made available to the
20 public.

21 (4) The limitations of the data sources and analytic
22 methodologies used to develop comparative hospital
23 information shall be clearly identified and acknowledged,
24 including but not limited to the appropriate and
25 inappropriate uses of the data.

26 (5) To the greatest extent possible, comparative

1 hospital information initiatives shall use standard-based
2 norms derived from widely accepted provider-developed
3 practice guidelines.

4 (6) Comparative hospital information and other
5 information that the Department has compiled regarding
6 hospitals shall be shared with the hospitals under review
7 prior to public dissemination of such information and these
8 hospitals have 30 days to make corrections and to add
9 helpful explanatory comments about the information before
10 the publication.

11 (7) Comparisons among hospitals shall adjust for
12 patient case mix and other relevant risk factors and
13 control for provider peer groups, when appropriate.

14 (8) Effective safeguards to protect against the
15 unauthorized use or disclosure of hospital information
16 shall be developed and implemented.

17 (9) Effective safeguards to protect against the
18 dissemination of inconsistent, incomplete, invalid,
19 inaccurate, or subjective hospital data shall be developed
20 and implemented.

21 (10) The quality and accuracy of hospital information
22 reported under this Act and its data collection, analysis,
23 and dissemination methodologies shall be evaluated
24 regularly.

25 (11) Only the most basic identifying information from
26 mandatory reports shall be used, and information

1 identifying a patient, employee, or licensed professional
2 shall not be released. None of the information the
3 Department discloses to the public under this Act may be
4 used to establish a standard of care in a private civil
5 action.

6 (d) Quarterly reports shall be submitted, in a format set
7 forth in rules adopted by the Department, to the Department by
8 April 30, July 31, October 31, and January 31 each year for the
9 previous quarter. Data in quarterly reports must cover a period
10 ending not earlier than one month prior to submission of the
11 report. Annual reports shall be submitted by December 31 in a
12 format set forth in rules adopted by the Department to the
13 Department. All reports shall be made available to the public
14 on-site and through the Department.

15 (e) If the hospital is a division or subsidiary of another
16 entity that owns or operates other hospitals or related
17 organizations, the annual public disclosure report shall be for
18 the specific division or subsidiary and not for the other
19 entity.

20 (f) The Department shall disclose information under this
21 Section in accordance with provisions for inspection and
22 copying of public records required by the Freedom of
23 Information Act provided that such information satisfies the
24 provisions of subsection (c) of this Section.

25 (g) Notwithstanding any other provision of law, under no
26 circumstances shall the Department disclose information

1 obtained from a hospital that is confidential under Part 21 of
2 Article VIII of the Code of Civil Procedure.

3 (h) No hospital report or Department disclosure may contain
4 information identifying a patient, employee, or licensed
5 professional.

6 (Source: P.A. 98-463, eff. 8-16-13.)

7 Section 99. Effective date. This Act takes effect upon
8 becoming law.".